

Exhibit M

DCF COURT MONITOR'S OFFICE

300 CHURCH STREET • 4TH FLOOR
WALLINGFORD, CONNECTICUT 06492

RAYMOND MANCUSO
JUAN F. COURT MONITOR

March 30, 2006

TELEPHONE 203•741•0458
FAX 203•741•0462
EMAIL:RAYMOND.MANCUSO@PO.STATE.CT.US

Marcia Robinson Lowry, Esquire
Executive Director
Children's Rights Inc.
330 7th Avenue, 4th Floor
New York, NY 10001

Ira Lustbader, Esquire
Associate Director
Children's Rights Inc.
330 7th Avenue, 4th Floor
New York, NY 10001

Steven M. Frederick, Esquire
Wofsey, Rosen, Kwenskin & Kuriansky, LLP
600 Summer Street
Stamford, CT 06901-1490

Ann H. Rubin, Esquire
Carmody and Torrance
50 Leavenworth Street
P.O. Box 1110
Waterbury, CT 06721-1110

Dear Attorneys:

Attached please find a copy of the *Juan F. v Rell* Exit Plan Quarterly Report (October 1, 2005 – December 31, 2005). I have submitted this report to the Honorable Alan H. Nevas, he has Approved and Ordered it filed.

Sincerely,



Ray Mancuso
DCF Court Monitor

CC: The Honorable Alan H. Nevas
The Honorable Holly B. Fitzsimmons
James T. Shearin, Esquire
The Honorable M. Jodi Rell, Governor
The Honorable Robert L. Genuario, Secretary of OPM
The Honorable Darlene Dunbar, Commissioner of DCF
The Monitor's Office Official Mailing List

Juan F. v. Rell Exit Plan
Quarterly Report
October 1, 2005 – December 31, 2005

Civil Action No. H-89-859 (AHN)
March 23, 2006

Submitted by:
DCF Court Monitor's Office
300 Church Street ~ 4th Floor
Wallingford, CT 06492
Tel: 203-741-0458
Fax: 203-741-0462

E-Mail: Raymond.Mancuso@po.state.ct.us

Table of Contents
Juan F. v Rell Exit Plan Quarterly Report
October 1, 2005 – December 31, 2005

	Page
Highlights	3
Outcome Measure Overview Chart	5
Introduction	6
Structured Decision Making (SDM)	7
Governor's Recommended Budget Adjustments for FY 2007	8
Re-Entry into DCF Custody (Outcome Measure 11)	9
Outcome Measure 3 (Treatment Planning), Outcome Measure 15 (Needs Met) and ACR Attendance 4 th Quarter Data	10
Monitor's Current Reviews in Progress	16
<i>Appendix 1 – The Department's Exit Plan Outcome Measures Summary Report Fourth Quarter 2005</i>	

Juan F. v Rell Exit Plan Quarterly Report
October 1, 2005 – December 31, 2005

Highlights

1. The Monitor's quarterly review of the Department of Children and Families' (DCF) performance during the period of October through December 2005 indicates a vigorous effort across the 14 Area Offices. There has been continuing progress for many outcome measures and sustained performance in many outcome areas where compliance was attained in prior reporting periods. During this quarter, two measures have been met for the first time: Search for Relatives (89.6%) and Worker to Child Visitation in In-Home Cases (85.6%). Additionally, there are five (5) other measures in which the DCF is reporting performance levels that are just shy of compliance targets.
2. The Monitor's quarterly review of DCF for the period of October through December 2005 indicates that DCF has achieved compliance with 13 of the Outcome Measures.
 - Commencement of Investigation (96.1%)
 - Completion of Investigation (94.2%)
 - Search for Relatives (89.6%)
 - Maltreatment of Children in Out-of-Home Care (0.6%)
 - Reunification (60.4%)
 - Transfer of Guardianship (72.4%)
 - Multiple Placements (96%)
 - Foster Parent Training (100%)
 - Placement within Licensed Capacity (96.2%)
 - Worker to Child Visitation in Out-of-Home Cases (85.6%)
 - Worker to Child Visitation in In-Home Cases (85.6%)
 - Caseload Standards (100%)
 - Discharge Measure (92%)
3. DCF has maintained compliance for at least two (2) consecutive quarters¹ with eight (8) of the Outcome Measures referenced above:
 - Commencement of Investigation
 - Completion of Investigation
 - Maltreatment of Children in Out-of-Home Care
 - Reunification
 - Multiple Placements
 - Foster Parent Training
 - Caseload Standards
 - Discharge Measure

¹ The Defendants must be in compliance with all of the outcome measures, and in sustained compliance with all of the outcome measures for at least two quarters (six months) prior to asserting compliance and shall maintain compliance through any decision to terminate jurisdiction.

4. The Department continues to be challenged to meet the placement and treatment needs for a number of children it serves. Despite the opening of new therapeutic group homes and the success of initiatives such as Managed Service Systems (MSS); hundreds of children remain in placements well beyond the time that is therapeutically indicated, and wait lists for vital community services continue to exist in many areas of the state.
5. Given the well founded policy decision to reduce utilization of residential programs there remains a heightened need for additional foster homes, especially specialized foster homes, as well as additional adoptive family resources.
6. The closing of a number of shelters and residential programs and the reduction in bed capacity at other programs has reduced the emergency placement options and exacerbated efforts to facilitate timely discharges.
7. There are a number of initiatives that have been implemented or are in the planning stages in an effort to address the issues referenced above. These include:
 - o Reorganization of Foster Care efforts
 - o Intensive Reunification Services
 - o Continued development of therapeutic group homes
 - o Implementation of the Administrative Service of Organization
 - o Revisions to and additional training regarding the treatment planning process including continued efforts to integrate family conferencing.
 - o Conversion of the existing shelter system into small short-term assessment and respite centers.
 - o Continued development of Managed Service Systems
 - o Implementation of additional in-home services
 - o Efforts to implement both Quality Service Reviews (QSR) and an accreditation process.
8. One other effort that is underway will provide tremendous benefit for children, families and DCF staff. The Department is in the initial stage of implementing Structured Decision Making (SDM). SDM provides an opportunity for the Department to improve the manner and consistency with which case decisions are made. Utilization of reliable, evidence-based tools will foster consistency in making critical case decisions and will enable the Department to appropriately target resources and services to children and families.
9. The Court Monitor attended 42 Administrative Case Review/Treatment Planning Conferences this past quarter and reviewed the case record narratives and treatment plans associated with the cases for compliance with Outcome Measures 3 & 15. Analysis of the data is incorporated later in this report.

The Department's full, unedited, but verified report to the Court Monitor is incorporated at the end of this Monitor's Report to the Court.

4Q October 1-December 31, 2005 Exit Plan Report
 Outcome Measure Overview

Measure	Measure	Baseline	1Q 2004	2Q 2004	3Q 2004	4Q 2004	1Q 2005	2Q 2005	3Q 2005	4Q 2005
1: Commencement of Investigation	>=90%	X	X	X	X	91.2%	92.5%	95.1%	96.2%	96.1%
2: Completion of the Investigation	>=85%	73.7%	64.2%	68.8%	83.5%	91.7%	92.3%	92.3%	93.1%	94.2%
3: Treatment Plans	>=90%	X	X	X	10%	17%	X	X	X	X
4: Search for Relatives	>+85%	58%	93%	82%	44.6%	49.2%	65.1%	89.6%	5/15/06*	7/15/06*
5: Repeat Maltreatment	<=7%	9.3%	9.4%	8.9%	9.4%	8.9%	8.2%	8.5%	9.1%	7.5%
6: Maltreatment of Children in Out-of-Home Care	<=2%	1.2%	0.5%	0.8%	0.9%	0.6%	0.8%	0.7%	0.8%	0.6%
7: Reunification	>=60%	57.8%	X	X	X	X	X	X	64.2%	61%
8: Adoption	>=32%	12.5%	10.7%	11.1%	29.6%	16.7%	33%	25.2%	34.4%	30.7%
9: Transfer of Guardianship	>=70%	60.5%	62.8%	52.4%	64.6%	63.3%	64.0%	72.8%	64.3%*	72.4%
10: Sibling Placement	>=95%	57%	65%	53%	X	X	X	X	96%	94%
11: Re-Entry	<=7%	6.9%	X	X	X	X	X	X	7.2%	7.6%
12: Multiple Placements	>=85%	X	X	95.8%	95.2%	95.5%	96.2%	95.7%	95.8%	96%
13: Foster Parent Training	100%	X	X	100%	100%	100%	100%	100%	100%	100%
14: Placement Within Licensed Capacity	>=96%	94.9%	88.3%	92.0%	93.0%	95.7%	97%	95.9%	94.8%	96.2%
15: Needs Met	>=80%	X	53%	57%	53%	56%	X	X	X	X
16: Worker-Child Visitation (Out-of-Home)	>=85%	X	Monthly-72% Quarterly-87%	Monthly-86% Quarterly-98%	Monthly-73% Quarterly-93%	Monthly-81% Quarterly-91%	Monthly-77.9% Quarterly-93.3%	Monthly-86.7% Quarterly-95.7%	Monthly-83.3% Quarterly-92.8%	Monthly-85.6% Quarterly-93.1%
17: Worker-Child Visitation (In-Home)	>=85%	X	39%	40%	46%	33%	X	81.9%	78.3%	85.6%
18: Caseload Standards+	100%	69.2%	73.1%	100%	100%	100%	100%	100%	99.80%	100%
19: Reduction in Residential Care	<=11%	13.5%	13.9%	14.3%	14.7%	13.9%	13.7%	12.6%	11.6%	11.6%
20: Discharge Measures	>=85%	61%	74%	52%	93%	83%	X	X	96%	92%
21: Discharge of Mentally Ill or Retarded Children	100%	X	43%	64%	56%	60%	X	X	78%	70%
22: Multi-disciplinary Exams (MDE)	>=85%	5.6%	19.0%	24.5%	48.9%	44.7%	55.4%	52.1%	54.6%	72.1%

Introduction

I recently completed my third visit to all of the DCF area offices, facilities and Central Office. Each of these all-staff meetings consisted of a brief presentation and a question and answer session. My consistent message to staff stressed the tremendous progress that has been documented in meeting the Exit Plan Outcome Measures. Child Welfare is complex and challenging work and there are no simple solutions. The successes and concerns that they share during these visits reveal a passion for their work. I am constantly impressed by the unending commitment and effort demonstrated by Department staff to improve DCF's delivery of service to children and families. The Exit Plan has provided a framework to focus the Department's efforts on a finite number of foundational pieces. The work of improving the agency will not end with achievement of these 22 Outcome Measures. The complex set of circumstances and factors that result in abuse or neglect of a child will not, and can not be, wholly ameliorated. Continuous efforts to build on the foundation that the Exit Plan has provided is critical. The area offices and the facilities understand this, as demonstrated by their decisions to set new targets for improvement well beyond the scope of the Exit Plan measures. The need for implementation of new or improved models of service, creative new service options and improved methods of quality improvement will not diminish with achievement of the 22 Outcome Measures or exit from the Consent Decree.

The Department will be in position to assert that they are complying with most of the Outcome Measures in the next few quarters. Meeting the planning, placement, permanency, and service needs (Outcome Measures 3 & 15) for children and families will likely be the final measures to be fully accomplished. A great deal of work remains to achieve these measures.

Structured Decision Making (SDM)

DCF has undertaken an ambitious schedule to implement Structured Decision Making this year. The Department is being assisted in this important initiative by the Children's Research Center (CRC). The Monitor's Office has been part of the planning and pre-implementation work, and regularly attends the Steering Committee Meetings. SDM provides workers with straightforward objectives and reliable evidence-based tools to make informed decisions for their assigned cases. Further, it will supply managers with data and information for improved planning, evaluation, and resource allocation.

Decisions by workers will be improved due to:

- Clearly defined and consistently applied decision making criteria
- Measurable practice standards
- Assessment results being utilized to directly influence case and agency decision making

In order to customize the model for Connecticut's unique needs, three planning committees, each with a cross-section of staff from the area offices, have been established. The SDM tools are being adapted to reflect Connecticut's practice in On-Going Services, Investigations, and the Hotline. Tasks undertaken also include drafting practice standards and policy recommendations. This work is to be completed by June 2006. The SDM tools will be automated in LINK and implementation of the SDM is scheduled for January 2007.

Governor's Recommended Budget Adjustments for FY 2007

The work of the Transition Task Force and more recently the Budget Development and Implementation Team which consists of the DCF Commissioner, Darlene Dunbar; the Secretary of the Office of Policy and Management, Robert Genuario; and the DCF Court Monitor, Ray Mancuso, has assisted in identifying and recommending key service initiatives necessary to meet the child protection and mental health needs of Connecticut's children and position DCF for a successful exit from the *Juan F.* Consent Decree.

Governor Rell's Recommended Budget Adjustments for FY 2007 has proposed considerable new funding for DCF. The FY 2006-2007 budget will provide a net increase of \$24.7 million for new and expanded programs. Some key options for additional funding recommended in the Governor's Budget for children are in the following areas:

- Group Homes – The budget proposes an additional \$12.3 million in funding to support the annualized cost of group homes anticipated opening prior to June 30, 2006. This will provide a total of 155 beds as an additional 91 beds are developed in FY 2006-2007. Also, an additional \$4.75 million is recommended for group homes to be opened during FY 2007 - 2008. The budget also provides \$250,000 to conduct an evaluation of this new model.
- In Home Services – The budget proposes an additional \$500,000 for intensive in-home services for abused and neglected child and their families. The addition of these services will assist in addressing the significant wait lists that currently exist in some areas of the state, and are crucial to helping families remain intact through support, education, and training.
- Shelters – The budget proposes an additional \$1.55 million to support the conversion of the existing shelter system into 14 sites with six short term assessment/respite (STAR) beds. The Monitor has had long standing concerns with the provision of emergency placement services for adolescents. The request for proposals (RFP) recently released addresses many of these concerns. We note, however, that the success of this revamping will be dependent on navigating the zoning barriers and DCF and private providers' development of alternative specialized family placements for adolescents to transition out of the STAR centers in a timely manner.
- COLA – The budget proposed a 2% COLA for private providers. This supports the State's private providers, who remain the backbone of a complex service delivery system that struggles to meet the enormous needs of Connecticut's children and families.

Re-Entry into DCF Custody (Outcome Measure 11)

The Department has provided an automated and verified report for Outcome Measure 11 for the first time this quarter. The data verification involved a review of cases with discrepant data involving removal documentation, legal status, discharge data and re-entry corrections. The original universe of cases included 544 cases. The original finding was 509 met (93.6%) and 35 not met (6.4%). After accounting for the changes indicated by the case review, the adjusted compliance numbers are **502 met (92.4%) and 41 not met (7.6%)**.

**Treatment Planning (Outcome Measure 3), Needs Met (Outcome Measure 15), and
ACR Attendance 4th Quarter Data**

The *Juan F.* parties have been engaged in negotiations regarding changes to the methodology for Outcome Measures 3 and 15. The parties together with the Court Monitor and the Technical Advisory Committee (TAC) have reviewed a number of possible alternatives that would result in a more qualitative review that can better measure the most important elements of treatment planning and the ability of DCF to meet children and families' needs. The Court Monitor intends to begin using this new methodology for the second quarter 2006 reporting.

The data reported below, (October through December 2005) is based upon the previously piloted methodology. While we are abandoning this approach, there are a number of elements highlighted by the data analysis that offer insight into area's of strength and those needing improvement. The overall percentages for each measure are less important than the lessons learned. January through March 2006 data will be reported using the current draft methodology recently shared with the parties for comment.

The review of Outcome Measure 3 for the fourth quarter utilized a tool that was developed for piloting in November 2005. The tool utilizes a rating scale of 1-5 for each section of a treatment plan and has the added element of allowing a reviewer over-ride of the scoring mechanism. The all or nothing scoring previously utilized is counterbalanced at the discretion of the reviewer. The review tool for Outcome Measure 15 was the same tool that had been utilized in previous reviews. A total of 42 cases were reviewed for Outcome Measure 3 and 15 during the fourth quarter of 2005.

The Supplemental ACR review protocol was also utilized for this quarter's review process. Logistical issues prevented Administrative Case Review (ACR) attendance for 4 of the cases. Thus the Supplemental ACR review protocol was utilized for 38 cases.

Demographically, the sample population of treatment plans reviewed had the following characteristics:

- 36 or 85.7% of the sample cases were that of a child in placement
 - One case was a voluntary placement
- Cases had been open for various lengths of time ranging from January 1994 to November 2005.
 - 6 plans reviewed were the initial plan (created at 60 days after case opening or placement)
 - 36 were subsequent treatment plans
 - 5 plans indicated that closure was likely in the upcoming six-month time frame

Based on the elements required, 15 or 35.7% of the 42 plans achieving a satisfactory rating based upon all components required. In four cases, the reviewer felt the unsatisfactory score was not an accurate reflection given the all or nothing scoring process. In one case, the plan passed based on the minimal criteria required, but the reviewer felt that plan should not have passed. After adjusting for these changes, **42.8% of the plans achieved a satisfactory score.**

The average score for Section 1 of the scoring tool is 3.7. Individual elements of Section 1 of the treatment plan follow in Table 2, with an indication of the percentage of plans that achieved a passing score:

Table 1: Percentage of Plans Achieving Passing Scores for Section 1 Categories

Section	Description	Passing Score	% Achieving Passing Score
I.1	Description of Current Referral/Substantiation	.25	95.2%
I.2	Identifying Information	.75	73.8%
I.3	Issues/Needs/Strengths of Child/Family	1.0	47.6%
I.4	Present Situation/Assessment of Child or Family in prior six months	3.0	81.0%

The average score for Section 2 of the scoring tool is 3.03. Individual elements of Section 2 of the treatment plan follow in Table 2, with an indication of the percentage of plans that achieved a passing score:

Table 2: Percentage of Plans Achieving Passing Scores for Section 2 Categories

Section	Description	Passing Score	% Achieving Passing Score
II.1 & II.3	Determining the Goals and Action Steps to achieving them (logical combination of sections 1 and 3 as provided in E-Help reference guide)	3.0	50.0%
II.2	Progress of child/family in meting the goals specified on prior plan	1.0	76.2%
II.4	Planning for Permanency	1.0	76.2%

Of the 42 case treatment plans, 17 cases, or **40.5% had documentation all identified needs were met; a combination of met and pending (TBD); or a combination of needs met and client refusal of a service DCF recommended/referred at the point of review** Each of the remaining 25 cases (59.5%) had one or more identified needs not met for reason other than client refusal or a service that was pending completion of another service.

The review also looked at the needs across service categories and in total rather than within individual cases. In all, 271 individual needs were identified. Twenty-eight or 10.3% of the needs identified had not yet reached the timeframe for implementation as indicated in the plan, and therefore could not be measured. Of the 243 needs that could

be measured during this period, 77.8% were met in the time frame indicated. Needs were not met in 22.2% instances.

Table 3: Needs Met as Identified in the Current Treatment Plan Document (n=243)

Need	Were Needs Met as Stated?		Total	% of Needs Met
	Yes	No		
Child Care	2	0	2	100.0%
Dental	8	4	12	66.7%
Domestic Violence	0	0	0	----
Education	20	8	28	71.4%
Employment	1	1	2	50.0%
Housing	2	1	3	33.3%
Medical	36	8	44	81.8%
Mental Health	41	14	55	74.5%
Out of Home Care	41	3	44	93.2%
Substance Abuse	1	0	1	100.0%
Out of Home Support	27	6	33	81.8%
In-Home Support	8	4	12	66.7%
Training	<u>2</u>	<u>5</u>	<u>7</u>	<u>28.6%</u>
Total	189	54	243	77.8%

Though further review would be required, it appears that the decline in the percentage of needs met may reflect the impact of improvements in the treatment planning process. Assessments within the treatment plans are improving and identified needs and services are included with more frequency – even when services may not be immediately available. In the past, such information would not likely have been included as the practice was to only include those services that were identified and secured.

Comparing this quarter's data to our recent annual report findings, one can see the shift in practice. In our 2005 Annual Report, which focused on treatment plans completed in the period of November 15, 2004 through May 15, 2005, the average number of needs identified for the sample cases (n=539) was 4.4. In the current quarter, the average number of needs identified has increased to 6.5.

Reviewers identified 80 instances where barriers existed that impacted the Department's ability to meet the needs as specified. Please note that more than one barrier barriers could be indicated for situations where a need was not met, or was still pending completion. These barriers are identified below.

The level of participatory development of the treatment plan was ranked as "Superior" in 2.4% of the 42 cases reviewed, "Good" in 66.7% of cases reviewed, "Fair" in 23.8% of the cases reviewed, and "Unacceptable" in 7.1% of cases reviewed. This is based on observed participation at the review, but also includes consideration of LINK documented contact/participation outside of the meeting process leading up to the finalized treatment plan.

Reviewers felt that the family/child understood the expectations for their case for the upcoming six months in 11 of the 15 cases in which the client attended the review (73.3%). In the 11 cases in which the plan incorporated a concurrent planning element, the client appeared to understand this concurrent planning in 63.6% of the reviews.

In nine cases the reviewer assessed a need for discussion of flex funds to address an unmet service need. In eight or 88.9% of these cases, the ACR coordinator raised the topic for discussion. These needs were: Security Deposit/Rent (2), DBT therapy (1), Car repair (1), In-Home Respite (1), Spanish speaking family counseling (1), travel/telephone cards (1) and YMCA membership (1).

The supervisor approved 85.7% of the 42 plans at the point of our review. This follow-up review was conducted 14 days after the meeting to allow for the process to take place.

Reviewers felt that 73.7% of the 38 reviews attended resulted in DCF-553's that accurately reflected the comments of participants at the meeting/decisions made, etc. The reviewers have commented that the 'disconnect' appears to be in the placement of where the comments are entered in the 553. It would seem that issues raised, discussed and resulting decisions arrived at by participants during the course of the meetings often appear in viewpoint/reflective sections rather than in required additions or changes to the plan. Therefore, workers are not including such edits as they finalize the plan for SWS approval.

Monitor's Current Reviews in Progress

In addition to the quarterly reviews required for Outcome Measures 3 and 15, the Monitor's Office is involved with reviews for:

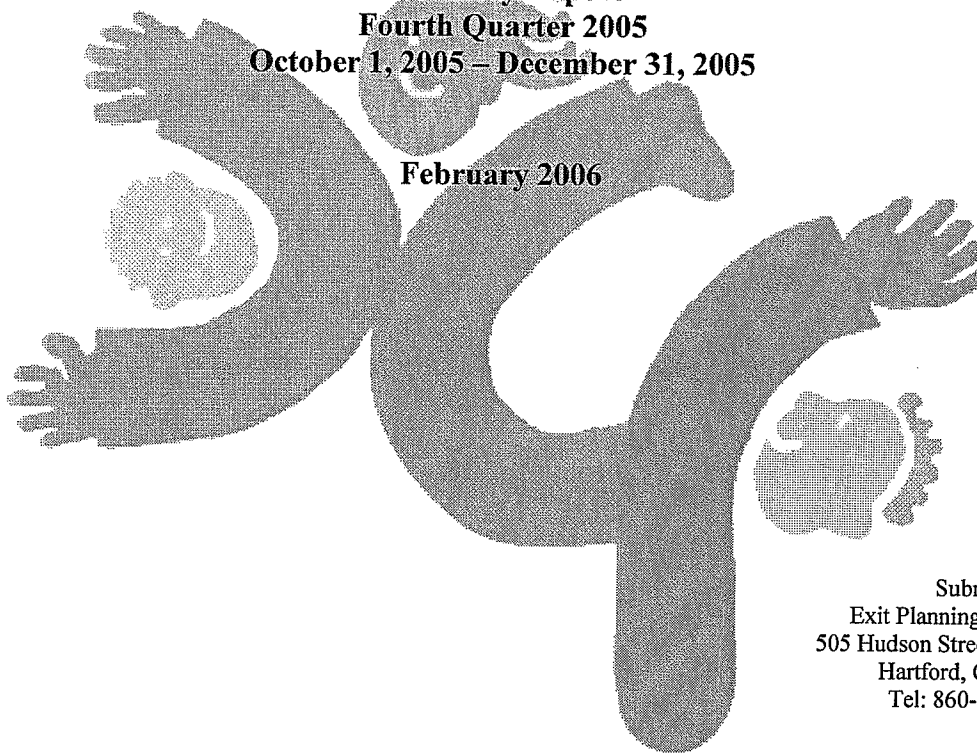
- **Riverview Hospital:**
 - A collaborative review process is underway with DCF Program Review and Evaluation Unit and the Connecticut Child Advocate's Office to address concerns related to systemic issues impacting the safety, treatment and well-being of children and adolescents requiring hospitalization for mental health issues. Protocol development, sampling, and introductory meetings with staff and children are currently in progress. The data collection portion of the review is likely to span a period of six to eight weeks. While data and findings will be consensus-based and include input from the three participating agencies, recommendations may differ based on the individual mandates of each group.
- **Flex Funding:**
 - The Monitor's Office has selected a sample of 100 cases in which funding was requested for flex or non-categorical expenses during the third quarter 2005. The record review, currently underway, will look at the payment and subsequent impact of the service or item in relation to goal achievement. As an added source of information, social workers who requested the funds are contacted via email to request additional feedback via email, fax or phone as their schedule permits. It is expected that a report on findings will be forthcoming by the close of the second quarter.
- **Emergency Placements:**
 - During the three month period of December 2005 through February 2006, the area offices were asked to maintain monthly logs of situations in which children were forced to wait extended periods of time at the office, or required several temporary stays in emergency foster home placements prior to securing an appropriate placement. In the next week we should have received all logs from the offices, and can begin to analyze the data.
- **2006-2007 Case Review:**
 - The methodology and time-table for a series of focused reviews to verify LINK reporting, and explore qualitative issues impacting the 22 Outcome Measures is currently being developed.

Juan F. v Rell
Exit Plan

Civil Action No. H-89-859 (AHN)

Exit Plan Outcome Measures
Summary Report
Fourth Quarter 2005
October 1, 2005 – December 31, 2005

February 2006



Submitted by:
Exit Planning Division
505 Hudson Street 10th Flr
Hartford, CT 06106
Tel: 860-550-6300

**Exit Plan Outcome Measures
Summary Report
Fourth Quarter 2005**

Cover Letter.....	3
Commissioner Dunbar's Highlights for Fourth Quarter Exit Plan Report.....	4
Outcome Measure Overview Chart.....	8
Status of Work Matrix.....	11

February 16, 2006

Ray Mancuso
Court Monitor
DCF Court Monitor's Office
300 Church Street
Wallingford, CT 06492

Dear Mr. Mancuso,

Attached please find the Exit Plan Outcome Measures Fourth Quarter 2005 Report. This report continues to demonstrate that by working together with families and communities, we have made real progress. I am confident that we are poised to sustain and continue the improvements now underway. Enclosed, please find the following materials:

- Commissioner's Highlights of the Fourth Quarter
- Fourth Quarter Exit Outcomes Measures Overview
- Status of Work Matrix

This quarterly report shows the results of 20 of the 22 measures. Results for 3 and 15 are not included in this quarterly report. The Department continues its negotiations with the Plaintiffs regarding a proposed revision of the methodology for measuring these two outcomes. The Department has long felt that the old methodology did not yield information that accurately reflected our work, nor encouraged best practice. The Department believes a qualitative methodology would best reflect practice and the outcomes impacting families and children. As we move forward, we feel confident of the direction of our discussions and appreciate the spirit with which they are taking place.

We are particularly optimistic with this quarter's results as it demonstrates our best effort to date under the Exit Plan and reflects the substantial efforts of staff. At this time, we have achieved 13 outcome measures out of the 20 reported for the Fourth Quarter 2005. We sustained many measures that met goals in the past and achieved two new measures for the first time -- relative search and in-home visitation. We have achieved the goals for timely reunification for two consecutive quarters. We have achieved some consistent and substantial improvements over time with in-home and out-of-home visitation as well as with providing timely multi-disciplinary examinations. In addition, the Department continues to see steady and consistent improvements with some of the most challenging outcomes, including achieving timely permanency for our children (reunification, adoption and transfer of guardianship), reducing reliance on residential placements, and reducing the re-entry of children into care.

Our staff deserve great credit for taking full advantage of the Exit Plan in creating a culture of accountability and making real improvements in the quality of our services. I am confident that their determination and commitment will propel the Department forward as we continue the progress we are making for our most vulnerable children and families.

Sincerely,

Darlene Dunbar, MSW
Commissioner

Fourth Quarter 2005 Exit Plan Report Commissioner Highlights

Department staff closed 2005 by accelerating the pace of forward progress even as staff consolidated earlier achievements to make these "routine" aspects of case practice. In several areas of our work measured under the Exit Plan, achieving high performance is becoming standard. For the first time under the Exit Plan, the Department achieved 13 separate outcome measures during the quarter, including two new outcomes achieved for the first time. Of the seven measures (captured during the quarter) that were not attained, five came within two percent or less of the goal, and two others have shown significant improvements since the Exit Plan began only two years ago.

It is encouraging that the measures for search for relatives and in-home visitation were achieved for the first time and that more than two-thirds of the overall outcomes measured in the quarter met goals. Just as important however is that staff have firmly embedded in good practice improvements previously established. In particular, the two measures regarding timely investigations have attained the goals for five consecutive quarters. Reflecting the Department's priority on keeping children safe, area office investigations staff have made timely responses a routine of their work. Four other outcomes have been achieved for at least seven consecutive quarters. In these areas, we are confident that improvements have been institutionalized and now are firmly engrained in our work.

ACCOMPLISHMENTS

This quarterly report shows we met the following outcomes:

- Commencement Of Investigations: The goal of 90 percent was exceeded for the fifth quarter in a row with a current achievement of 96.1 percent, the highest ever since measurement began for the Exit Plan in the Fourth Quarter of 2004.
- Completion Of Investigations: Workers completed investigations in a timely manner in 94.2 percent of cases, also exceeding the goal of 85 percent for the fifth consecutive quarter and again setting the highest level ever under the Exit Plan.
- Search For Relatives: For the first time under the Exit Plan, this measure exceeded the 85 percent goal and registered at 89.6 percent.
- Maltreatment Of Children In Out-of-Home Care: The Department sustained achievement of the goal of 2 percent or less for the eighth consecutive quarter with an actual measure of 0.6 percent.
- Timely reunification: For the second time under the Exit Plan, this measure exceeded the 60 percent goal with a mark of 61 percent.
- Transfer Of Guardianship: For second quarter of the last three, staff exceeded the 70 percent goal for the timely transfer of guardianship within 24 months by meeting the timeline for 72.4 percent of the children.
- Multiple Placements: For the seventh consecutive quarter, the Department exceeded the 85 percent goal with a rate of 96 percent.
- Foster Parent Training: For the seventh consecutive quarter, the Department met the 100 percent goal.
- Placement Within Licensed Capacity: For the third quarter out of the last four, staff met the 96 percent goal with a rate of 96.2 percent.

- Worker-To-Child Visitation In Out Of Home Cases: For the second quarter of the last three, the Department met the 85 percent goal for maintaining regular visits by meeting requirements in 85.6 percent of out of home cases.
- Worker To Child Visitation In In-Home Cases: For the first time under the Exit Plan, workers met required visitation frequency in 85.6 percent of cases, thereby exceeding the 85 percent standard. The percent of in-home cases where visitation standards were met has more than doubled since the Exit Plan began at the start of 2004.
- Caseload Standards: For the seventh consecutive quarter, no Department social worker carried more cases than the standard under the Exit Plan.
- Discharge Measures: For second consecutive quarter and the third time overall under the Exit Plan, staff met the 85 percent goal by ensuring that 92 percent of children discharged at age 18 from state care had attained either educational and/or employment goals.

While the quarter represents a high-water mark for the Department reaching individual goals – with 13 of 20 measured goals meeting or exceeding the standards – equally important is that some of the most fundamental improvements have become firmly embedded in our work. The two investigations outcomes have been met for five consecutive quarters and demonstrate the Department's focus and value on child safety. Caseload standards have been met for seven consecutive quarters and, as expected, this is producing dividends in meeting other goals. The Department's achievement in reaching visitation standards for both in-home and out-of-home cases is made possible by maintaining reasonable caseloads on a long-term basis. Certainly, the most important reason to have reasonable caseloads is so that workers can have more contact and more quality contact with families. We believe reasonable caseloads and regular, quality contacts with families will in turn lead to further improvements in other areas as well.

Achieving timely permanency for children is another area where improvements are becoming established and institutionalized. More than 25 percent of children adopted have done so in a timely manner in each of the last four quarters, and in three of the last four the percentage has exceeded 30 percent. This represents a steady consolidation of a significant improvement compared to the first two quarters of 2004 when only 10.7 percent and 11.1 percent of children benefited from a timely adoption. Similarly, timely transfer of guardianship has met the goal for two of the last three quarters after having fallen short for the first five quarters of the Exit Plan. Timely reunification – which represents an important form of permanency for the most children – met the goal for the last two quarters.

In addition to these permanency measures, other measures have recorded considerable improvement. One of the most difficult measures to affect is the reduction of repeat maltreatment, in large part because chronic neglect issues from poverty, substance abuse and other underlying issues that can persist despite interventions. During the quarter, the percent of children who suffered repeat maltreatment within six months fell to 7.5 percent, which is the lowest in the two years under the Exit Plan and only half of one percent from the 7 percent goal. Area offices took a variety of steps to improve this outcome, including ensuring that services, especially behavioral health and substance abuse services, are received, that individual needs are met through the use of flexible funds, and that social workers receive expert consultations as they work with families. In

addition, a study of repeat maltreatment statewide and in a number of area offices has established a focus on this important measure and raised awareness of chronic issues that require continuing services and other casework as opposed to requiring a new investigation.

Another measure that has seen significant improvements is in providing timely multi-disciplinary exams to children entering foster care. Due directly to the support of Governor Rell and the Legislature, the number of foster care clinics has increased to 13 from five. The improved access this has afforded has led to a three-fold increase in the percentage of children receiving this evaluation that covers medical, behavioral, and dental health to 72.1 percent in the quarter compared to 19 percent in early 2004.

Finally, staff has continued progress in reducing the number of children in residential care. That number has continued a downward trend to 677 children as of February 12, 2006 compared to 889 children in April 2004 -- a 23.8 percent reduction. While the trend has been very positive, the outcome measure is complicated by the fact that it is a percentage of children in care -- not the simple number of children in a residential placement. A small decrease in the total number of children in care during the quarter did not offset reduction in the use of residential placements and the percentage of the measure remained the same at 11.6 percent compared to the previous quarter. However, that remains a sizable improvement compared to a 14.7 percent measure in the third quarter of 2004. The continued operation of the managed service systems across the state, the ongoing development of clinically-intensive group homes, and the beginning of the operations of the Administrative Services Organization in January 2006 all are poised to support staff as they continue to advance on the outcome measure goal. We believe we will continue to have success in ensuring that more children receive treatment in the most appropriate and most community-based level of care consistent with their needs.

CHALLENGES

Department staff took full advantage of the Fourth Quarter of 2005 to make important strides while making routine aspects of their work some of their earlier achievements. While the Department is very encouraged overall, we also remain aware that important and fundamental challenges remain. The most fundamental of all is to continue to maintain performance levels in the areas of our success. While several measures demonstrate success in institutionalizing our gains, including investigations, caseloads, and reducing maltreatment and multiple placements for children in foster care, we cannot lose sight of the need to demonstrate sustainability across all areas of our work. Constant attention and strong supervision will be vital to achieving this success.

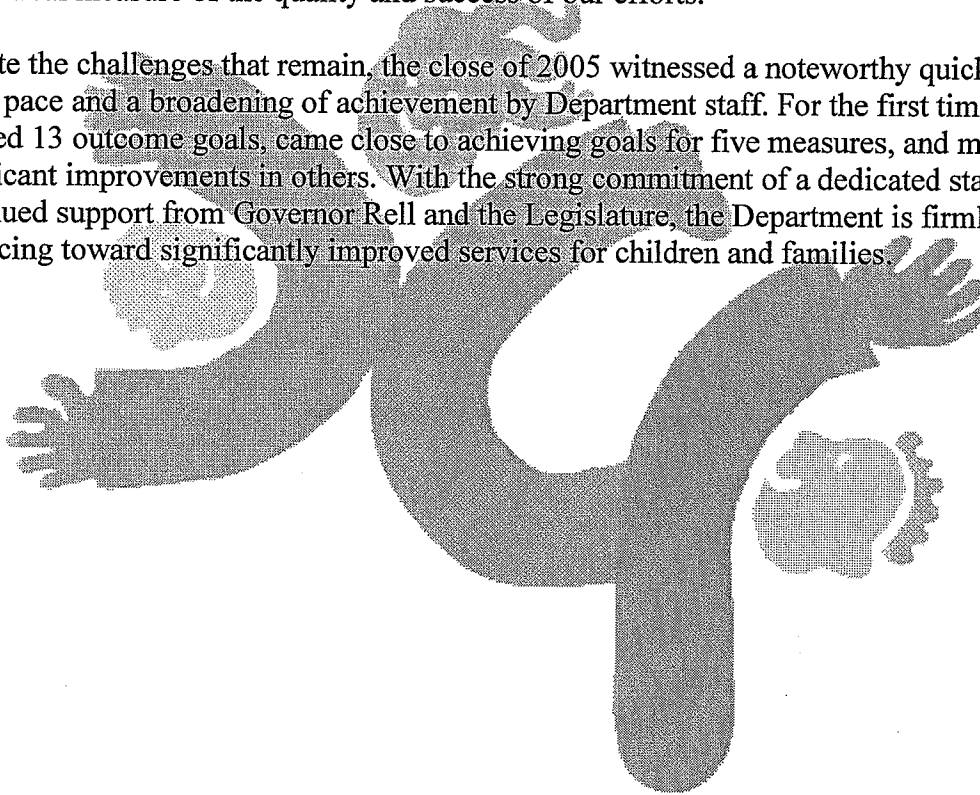
In addition, outcome measures for treatment planning and meeting children's needs also continue to present fundamental issues for our work. Ongoing training on family conferencing is continuing to support our workers in taking a strengths-based approach to treatment planning. Specialized offerings are being provided, which have been sought out by individual area offices to meet their own identified needs. In addition, improved family and child assessments through implementation of Structured Decision Making (SDM) will contribute to more effective and thorough treatment planning. This model uses research-based risk assessment tools to aid workers and supervisors in making critical child safety decisions while increasing consistency and addressing the issues of disproportionality often faced by our child protection systems. Development of the model has begun through work that cuts across the Department and includes front-line social

workers and supervisors. We anticipate training will commence early next year. In addition, improvements to the LINK treatment planning record are expected to result in a process that will be easier and more effective for workers to use.

We are confident that the family conferencing and structured decision making models, together with the new treatment planning format, will together make a fundamental positive impact on our work and result in sustained improvements in the services we offer children and families.

Together with treatment planning, meeting children's needs represents a fundamental test of the quality of our services. With the Administrative Service Organization having started operation at the beginning of 2006 and the continuing success of the Managed Service System in matching the right services to the specific needs of individual children in or at risk of needing residential care, the Department is on the right track in improving this critical measure of the quality and success of our efforts.

Despite the challenges that remain, the close of 2005 witnessed a noteworthy quickening of the pace and a broadening of achievement by Department staff. For the first time, staff attained 13 outcome goals, came close to achieving goals for five measures, and made significant improvements in others. With the strong commitment of a dedicated staff and continued support from Governor Rell and the Legislature, the Department is firmly advancing toward significantly improved services for children and families.



4Q October 1-December 31, 2005 Exit Plan Report

Outcome Measure Overview

Measure	Measure	Baseline	1Q 2004	2Q 2004	3Q 2004	4Q 2004	1Q 2005	2Q 2005	3Q 2005	4Q 2005
1: Commencement of Investigation*	>=90%	X	X	X	X	91.2%	92.5%	95.1%	96.2%	96.1%
2: Completion of the Investigation	>=85%	73.7%	64.2%	68.8%	83.5%	91.7%	92.3%	92.3%	93.1%	94.2%
3: Treatment Plans**	>=90%	X	X	X	10%	17%	X	X	X	X
4: Search for Relatives*	>=85%	58%	93%	82%	44.6%	49.2%	65.1%	89.6%	5/15/06*	7/15/06*
5: Repeat Maltreatment	<=7%	9.3%	9.4%	8.9%	9.4%	8.9%	8.2%	8.5%	9.1%	7.5%
6: Maltreatment of Children in Out-of-Home Care	<=2%	1.2%	0.5%	0.8%	0.9%	0.6%	0.8%	0.7%	0.8%	0.6%
7: Reunification*	>=60%	57.8%	X	X	X	X	X	X	64.2%	61%
8: Adoption	>=32%	12.5%	10.7%	11.1%	29.6%	16.7%	33%	25.2%	34.4%	30.7%
9: Transfer of Guardianship	>=70%	60.5%	62.8%	52.4%	64.6%	63.3%	64.0%	72.8%	64.3%*	72.4%
10: Sibling Placement*	>=95%	57%	65%	53%	X	X	X	X	96%	94%
11: Re-Entry	<=7%	6.9%	X	X	X	X	X	X	7.2%	7.6%
12: Multiple Placements	>=85%	X	X	95.8%	95.2%	95.5%	96.2%	95.7%	95.8%	96%
13: Foster Parent Training	100%	X	X	100%	100%	100%	100%	100%	100%	100%
14: Placement Within Licensed Capacity	>=96%	94.9%	88.3%	92.0%	93.0%	95.7%	97%	95.9%	94.8%	96.2%
15: Needs Met	>=80%	X	53%	57%	53%	56%	X	X	X	X
16: Worker-Child Visitation (Out-of-Home)*	>=85% 100%	X	Monthly- Quarterly- 72% 87%	Monthly- Quarterly- 86% 98%	Monthly- Quarterly- 73% 93%	Monthly- Quarterly- 81% 91%	Monthly Quarterly 77.9% 93.3%	Monthly Quarterly 86.7% 95.7%	Monthly Quarterly 83.3% 92.8%	Monthly Quarterly 85.6% 93.1%
17: Worker-Child Visitation (In-Home)*	>=85%	X	39%	40%	46%	33%	X	81.9%	78.3%	85.6%
18: Caseload Standards+	100%	69.2%	73.1%	100%	100%	100%	100%	100%	99.80%	100%
19: Reduction in Residential Care	<=11%	13.5%	13.9%	14.3%	14.7%	13.9%	13.7%	12.6%	11.6%	11.6%
20: Discharge Measures	>=85%	61%	74%	52%	93%	83%	X	X	96%	92%
21: Discharge of Mentally Ill or Retarded Children	100%	X	43%	64%	56%	60%	X	X	78%	70%
22: Multi-disciplinary Exams (MDE)	>=85%	5.6%	19.0%	24.5%	48.9%	44.7%	55.4%	52.1%	54.6%	72.1%

Results based on Case Reviews ****For 1Q and 2Q 2005 case reviews were not conducted for outcome measures #: 3, 4, 15, 16, 17, 20 and 21.*****

NOTE: Case reviews will continue to be conducted for two quarters following the LINK build (this will allow for a two quarter testing period). A LINK report will be conducted for the third quarter following the LINK Build.

OM	Comments
4	Link report posted for 4Q 2005 reflecting status of children entering care for the 2Q 2005 period. This is consistent with the Exit Plan measure definition. Refer to 2Q 2005 column.
7, 11	LINK data via ROM report (as of 3Q 2005). With a case review to supplement ROM report. In the 3Q report period a case review was not conducted for 11. For 4Q 2005 case reviews were conducted for both 7 (210 cases reviewed) and 11 (166 cases reviewed).
8, 9	<p>As of the 3Q 2005 the LINK report will include all n/a cases (unable to determine date of removal but who have achieved permanency either through adoption or transfer of guardianship) into the data results. Following are the results including the n/a: 1Q 2005 (OM 8- 23.3%; OM 9 – 50.0%) and 2Q 2005 (OM 8 – 30.2%; OM 9 – 48.0%).</p> <p>For 3Q 2005 results, 48 were n/a. A Case review was conducted to determine the status of these n/a cases. The following shows the results of the 48 case review: 14 met, 8 not met and 26 were non-applicable (children were never in foster care nor legally committed to DCF – these were cases where the TOG occurred between other parties). Re-calculated statewide results show: TOG -63.4% met the goal and 36.6% not met.</p> <p>For 4Q 2005</p> <p>Adoption results, 8 were n/a. A Case review was conducted to determine the status of these n/a cases. Adoption: The following shows the results of the 8 case review: 2 met, 5 not met and 1 was non-applicable (an adoption of an adult not conducted by DCF) and dropped from the totals.</p> <p>Re-calculated statewide results show: 30.7% met and 69.3% not met.</p> <p>TOG: The following shows the results of the 3 case review: 1 met, 0 not met and 2 were non-applicable (these children were reunified) and dropped from the totals. Re-calculated statewide results show: TOG -72.4 %met the goal and 27.6 % not met.</p>
10	Case review. Under negotiations with Court Monitor for ROM reporting and supplemental case review.
16, 17	LINK Report available for 11/15/05. In addition, as of 3Q 2005 the Department will include the one visit per quarter results for OM 16. <u><i>This method reports all children in care who had 1 (one) visit during the quarter period. The LINK system is unable to determine if the visits were made by the assigned social worker as indicated in the Exit Plan.</i></u>

Treatment Plans**

(currently under negotiations 3/06)

** Treatment Plans were evaluated based on four (4) major categories (including elements a-o):

2004

1Q Background Information (53%), Assessment Information (52%), Treatment Services (47%), and Progress Toward Case Goals (18%). (Approved and Not Approved treatment plans)
2Q Background Information (60%), Assessment Information (37%), Treatment Services (43%), and Progress Toward Case Goals (32%). (Approved and Not Approved treatment plans)
3Q Background Information (66%), Assessment Information (52%), Treatment Services (55%), and Progress Toward Case Goals (35%). (Approved treatment plans only – 86)
4Q Background Information (69%), Assessment Information (67%), Treatment Services (54%), and Progress Toward Case Goals (34%). (Approved treatment plans only – 86)

2005

1Q N/A, 2Q N/A, 3Q N/A, 4Q N/A

In addition, two (2) additional areas were evaluated: Treatment plan must be written and treatment conference conducted in the family's primary language and treatment plans developed in conjunction with parents/child/service providers (for example, treatment plan modifications as a result of input from the ACR).

2004

1Q Treatment Plan Written in the family's primary language n/a and Treatment Plan Conference conducted in the family's primary language (95%)
2Q Treatment Plan Written in the family's primary language (91%) and Treatment Plan Conference conducted in the family's primary language (98%)
3Q Treatment Plan Written in the family's primary language (89%) and Treatment Plan Conference conducted in the family's primary language (97%)
4Q Treatment Plan Written in the family's primary language (97%) and Treatment Plan Conference conducted in the family's primary language (100%)

2005

1Q N/A, 2Q N/A, 3Q N/A, 4Q N/A

X OM 3 and OM 15 - No LINK report expected. Case Review Only. In negotiations with Plaintiffs 3/06.

Caseload Standards +

2004

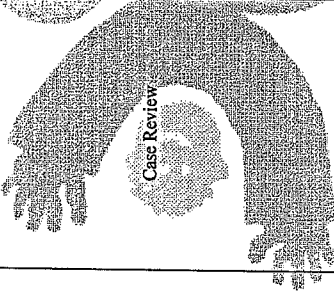
1Q Data results for baseline and 1Q only reflect cases over 100% not those that meet exception criteria.
2Q As of August 1, 2004 the Department has achieved caseload standards – 100% (in accordance with the exception criteria). On August 1, 2004 fifteen (15) cases, over 100% caseload utilization, met the exception criteria (cases over 100% and not over for 30 days or more).
3Q As of November 15, 2004 the Department remains at the 100% compliance mark. The sixteen (16) cases over 100% caseload utilization meet the exception criteria (cases over 100% and not over for 30 days or more).
4Q As of February 15, 2005 the Department continues to meet the 100% compliance mark. The sixteen (16) cases over 100% caseload utilization meet the exception criteria (cases over 100% and not over for 30 days or more).

2005

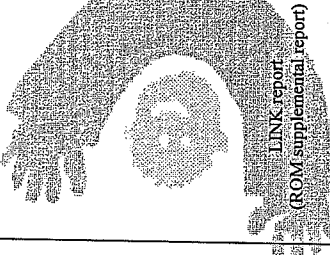
Caseload Standards +

1Q As of May 15, 2005 the Department continues to meet the 100% compliance mark. The seventeen (17) cases over 100% caseload utilization meet the exception criteria (cases over 100% and not over for 30 days or more).
2Q As of August 15, 2005 the Department continues to meet the 100% compliance mark. The thirty-one (31) cases over 100% caseload utilization meet the exception criteria (cases over 100% and not over for 30 days or more).
3Q As of November 15, 2005 the Department did not meet the 100% compliance mark. Out of the twenty-three cases over 100% caseload utilization two (2) did not meet the exception criteria (cases over 100% and not over for 30 days or more).
4Q As of February 15, 2006 the Department met the 100% compliance mark. The thirty-one (31) cases over 100% caseload utilization meet the exception criteria (cases over 100% and not over for 30 days or more).

Outcome Measure/ Performance Standard	Fourth Quarter 2005 Performance	Method of Measurement	Key Action Steps	Status
1. Commencement of Investigation: <i>to assure that assessments of safety can quickly be determined and increases collaborative interviewing and intervention.</i> 90% of all reports must be commenced same calendar day, 24 hours or 72 hours depending on referral code.	2005 4Q – 96.1%	LINK report (ROM supplemental report)	A) Developed LINK capacity to document and measure commencement time and modifications to commencement time. Provided corresponding LINK training to staff.	Completed
			B) Revision of policy #34-3-3 "Conducting the Investigation". To direct that the Social Work Supervisor can approve modification of commencement times. Previously, Program Supervisor approval was required and was inefficient.	Completed awaiting publication.
			C) Area Offices use LINK data reports to assess staffing levels in investigations and take any supervisory or practice improvement steps necessary to ensure performance goals.	Ongoing
			D) Central Office will work with any Area Office not meeting goal as reported. Central Office Liaison teams assigned to all 14 area offices. The teams include: Positive Outcomes for Children leads, Quality Improvement Division liaison, Training Academy liaison, and LINK staff. Together with the Quality Improvement Program Supervisor and Area Director, the Central Office Liaison team assists in conducting case reviews, conducting learning forums and presentations and informing the area office of outcome measure data results.	Instituted 7/04 and ongoing
			E) Area Office Quality Improvement Plans to reflect areas for improvement and progress and under PARS review meet and sustain outcome measure goal	Ongoing
2. Completion of Investigation: <i>to assure that case assessment and disposition is handled in a timely manner.</i> 85% of all reports shall have their investigations completed within 45 calendar days of acceptance.	2005 4Q – 94.2%	LINK report (ROM supplemental report)	A) Implement a quality review process in each Area Office that serves as a tickler system at 28, 35, and 40 days and calls for any corrective action plans.	Completed
			B) Developed a quality review process for the Special Investigations Unit through Hotline.	Completed
			C) Area Office Quality Improvement Plans to reflect areas for improvement and progress and under PARS review meet and sustain outcome measure goal.	Ongoing
			D) Central Office will work with any Area Office not meeting goal as reported. Central Office Liaison teams assigned to all 14 area offices. The teams include: Positive Outcomes for Children leads, Quality Improvement Division liaison, Training Academy liaison, and LINK staff. Together with the Quality Improvement Program Supervisor and Area Director, the Central Office Liaison team assists in conducting case reviews, conducting learning forums and presentations and informing the area office of outcome measure data results.	Instituted 7/04 and ongoing.
			E) Developed standards for the release of information that assists with the sharing of information between DCF and community providers and/or other state agencies.	Completed
F) The department will propose legislation requesting a change in the statutory requirement of completing investigations within 30 days. This request change would extend the statutory requirement to 45 days so that it comports with the Exit Plan.				PASSED: Effective October 1, 2005. Staff informed via all staff Commissioner e-mail and via the newly developed SWS Guide to Exit Plan and Practice Points.

Outcome Measure/ Performance Standard	Fourth Quarter 2005 Performance	Method of Measurement	Key Action Steps	Status
<p>3. Treatment Plans: to provide a family-centered foundation from which all case service planning will occur-timeframes, roles and responsibilities-and a means for assessing service outcomes and needs met.</p> <p>Within 60 days of case opening in treatment, or 60 days from date of placement- whichever comes sooner. Random reviews done by DCF and Court Monitor.</p>	<p>2005 4Q - n/a</p>		<p>A) Train and implement in all area offices on the agency's new Family Conferencing Model, develop & implement a method to evaluate its success and/or areas needing improvement through feedback from families, staff, management and providers.</p>	Family Conference Phase I concluded. Family Conference Phase II in process.
			<p>B) Develop a web-based Uniform Case summary-prototype with a first "draft" being presented in Oct. 2005 to commissioner and Sr. Mgt.</p>	UCS developed and in testing with various area office staff.
			<p>C) Development of an enhanced assessment model. Structured Decision-Making (SDM) selected as an agency-wide model.</p>	Several workgroups currently establishing practice parameters with a Steering Committee reviewing and finalizing recommendations. Ongoing
			<p>D) The Managed Service System develops a process for review and coordination of discharge plans for all children in residential care and to identify all community resources in support of children to remain in their communities.</p>	
			<p>E) Continue to advance major training activities treatment planning and concurrent planning and modify current LINK screens for Treatment Plans and enhance methods for case documentation (short-term-Pilot- long term-SharePoint Pilot testing new template and tool underway).</p>	Concurrent planning training under revision following test training conducted with management staff. Trainer under contract. Target date for training: June 2006. Treatment Planning Training completed for the newly revised guide.
			<p>F) Central Office will work with any Area Office not meeting goal as reported. Central Office Liaison teams assigned to all 14 area offices. The teams include: Positive Outcomes for Children Leads, Quality Improvement Division Liaison, Training Academy Liaison, and LINK staff. Together with the Quality Improvement Program Supervisor and Area Director, the Central Office Liaison team assists in conducting case reviews, conducting training forums and presentations and informing the area office of outcome measure data results.</p>	Instituted 7/04 and ongoing.
			<p>G) Area offices have broadened the consultation capacity of the Area Resource Group to assist in the development of a treatment plan for complex cases requiring significant supports (i.e. Parents with Cognitive Limitations, Medically Complex cases, etc.)</p>	ARG staff hired at full capacity. Care coordinators hired at full capacity. Global assessment specialists - 6 of 14 positions filled.
			<p>H) Expand Area Office's capacity of tele-conference for the ACR process into the Family Conferencing arena placed in Newsletter and foster parent pay checks.</p>	Completed
			<p>I) Train Area Office staff, particularly Social Work Supervisors, on the treatment plan elements necessary under the Exit Plan, methods and practices useful to successful treatment planning. Newly revised and comprehensive Treatment Plan Guide developed.</p>	Completed and included in SWS Guide.

Outcome Measure/ Performance Standard	Quarter 3 2005 Performance	Method of Measurement	Key Action Steps	Status
<p>4. Search for Relatives: to increase the availability of supports for children consistent with the goal of keeping them within their community and in maintaining lifelong family ties.</p> <p>DCF shall conduct searches for relatives, extended or informal networks, friends, family, former foster parents or other significant persons known to the child. Must be documented in LINK.</p>	<p>2005 4Q – 89.6%</p> <p>Data reflects 2005 Qtr 2 due to 6 months lag</p>	<p>LINK report (ROM supplemental report)</p>	A) Implemented the Placement Resource Search window in one central place in LINK for accurate and easily accessible documentation of placement resource search efforts and institute tictler system at fifth month to identify those cases that do not have a window.	Completed. Exception "tracking" report posted on intranet and created for use by the area office staff.
			B) Use family conferencing model to assist in the identification of appropriate relative resources early on in the life of the case.	Ongoing.
			C) Revise Search – Requests for Identifying Information policy (41-40-8) and Affidavit	Final stages of review
			D) Provide training and guidelines to social work staff regarding all possible "search" options (i.e. tools, websites, etc.) and implement the use of Locate Plus software when normal search efforts fail.	Complete. Utilization review for 2005 identified a need for an additional training which was completed 10/05. Utilization review to be conducted for 2006.
			E) Started Casey Family Programs Supporting Kinship Care Collaborative in the Bridgeport area office	The Project was completed on October 1, 2005 and extended to January 1, 2006. Presentation of findings scheduled for March 10, 2006. Resource Planning Training will be expanding to all area offices if requested.
			F) Central Office will work with any Area Office not meeting goal as reported. Central Office Liaison teams assigned to all 14 area offices. The teams include: Positive Outcomes for Children Leads, Quality Improvement Division Liaison, Training Academy Liaison, and LINK staff. Together with the Quality Improvement Program Supervisor and Area Director, the Central Office Liaison team assists in conducting case reviews, conducting learning forums and presentations and informing the area office of outcome measure data results.	Instituted 7/04 and ongoing.
			G) Area Office Quality Improvement Plans to reflect areas for improvement and progress, and under PARS review to meet and sustain outcome measure goal.	Ongoing

Outcome Measure/ Performance Standard	Quarter 3 2005 Performance	Method of Measurement	Key Action Steps	Status
<p>5. Repeat Maltreatment: to reduce incidents of maltreatment and maintain and provide services to children in order for them to remain with their families and in their communities.</p> <p>No more than 7% of children who are victims of substantiated maltreatment during a 6-month period shall be the substantiated victims of additional maltreatment during a subsequent 6-month period.</p>	<p>2005 4Q – 7.5%</p>	 <p>LINK report (ROM supplemental report)</p>	<p>A) Develop various data analysis tools such as ROM and Chapin Hall to support evidence-based practice and strengthen the method in which social work supervisors and program supervisors direct and assess case decision making and need for services.</p> <p>B) Increase the consistency of handling and identifying repeat maltreatment via training and supervision. Correspondingly review and revise policy to reflect practice.</p> <p>C) Development of an enhanced assessment model. Structured Decision-Making (SDM) selected as an agency-wide model.</p> <p>D) Central Office will work with any Area Office not meeting goal as reported. Central Office Liaison teams assigned to all 14 area offices. The teams include: Positive Outcomes for Children Leads, Quality Improvement Division Liaison, Training Academy Liaison, and LINK staff. Together with the Quality Improvement Program Supervisor and Area Director, the Central Office Liaison team assists in conducting case reviews, conducting learning forums and presentations and informing the area office of outcome measure data results.</p> <p>E) Critical Response Reviews/Special Case Reviews Study committee established to look at patterns of incidents, agency process and procedures, and if any training/practice improvement steps are necessary.</p> <p>F) Parent/Child Centers (PEAS) established to provide screening and assessments, targeted hands-on parenting education and family support services to parents, caregivers, family members, and children up to 8 years of age who are referred by the department.</p> <p>G) Development of a CT Behavioral Health Partnership between Department of Children and Families, Department of Social Services, Value Options and the Behavioral Health Oversight Council. The Administrative Services Organization (ASO) provides administrative assistance in clinical, utilization, and quality management as it takes the place of Medicaid Managed Care. It serves HUSKY A, B, and DCF-involved children not eligible for Medicaid in accessing (fee for service) behavioral health services such as: inpatient and outpatient psychiatric, medication evaluation/management, substance abuse/detoxification, and psychological/neuropsychological testing. Data reporting will support the identification of gaps and best practices.</p> <p>H) Develop new Intensive Reunification Services through RFP to offer an array of services to families along a continuum that promotes reunification/permanency for children using federal funds.</p> <p>I) Expanded intensive in-home services such as IICAPS and MST for those children with behavioral health issues in order to avoid re-entry into care through budget options.</p>	<p>ROM is currently up for testing with 17 total reports, 10 Exit outcome related and 7 reports meeting the Exit Planning Data reporting criteria. As of 1/06, ROM training is offered to all staff as a Training Academy in-service. Since 9/05, 33 ROM trainings (3 hrs each) have been conducted. ROM trainings are offered as follows: Phase I (SWS/IPS oriented sessions), Phase II (SW oriented session) and Phase III (practical application of ROM principles).</p> <p>Completed and ongoing.</p> <p>Several workgroups currently establishing practice parameters with a Steering Committee reviewing and finalizing recommendations. Instituted 7/04 and ongoing.</p> <p>Currently a database has been established to collect all findings from the CRRs and SCR (conducted by Child Welfare League of America). Results are used to inform Area Office management teams.</p> <p>Completed. PEAS assigned to all area offices.</p> <p>Implemented 2/1/06. Currently authorizing residential and group home placements. Inpatient service authorizations will begin 4/1/06. In place are system managers (work with Area Offices on the service management), care specialists (provide service authorization), and peer specialists (family members and community advocates).</p> <p>Completed. Program up and running in Waterbury and Manchester pilot sites.</p> <p>For 2006, a new budget option for further program expansion is pending with the legislature.</p>

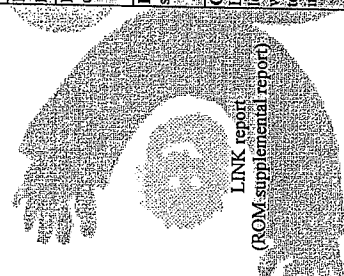
Outcome Measure/ Performance Standard	Quarter 3 2005 Performance	Method of Measurement	Key Action Steps	Status
<p>6. Maltreatment in care - Out-of-home: to assure children's safety while in out-of-home care, improve placement stability, and reduce additional trauma.</p> <p>No more than 2% of children in out of home care shall be the victims of substantiated maltreatment by substitute caretaker.</p>	<p>2005 4Q - 0.6%</p>	<p>LINK report (ROM supplemental report)</p>	<p>A) Develop various data analysis tools such as ROM and Chapin Hall to support evidence-based practice and strengthen the method in which social work supervisors and program supervisors direct and assess case decision making and need for services.</p> <p>B) Provide consistency with investigating and tracking of foster care maltreatment</p> <ol style="list-style-type: none"> 1. Develop proposal for centralized foster care investigations unit - 11/04. 2. Develop a workplan for implementation of the unit - 5/05. 3. Begin implementation and site relocation - 8/05. <p>C) Develop and implement a corrective action plan protocol for all regulatory violations and all out-of-home substantiations. Incorporate any corrective action plans into Foster Family Support Plan.</p> <p>D) Moved special investigations management from Hotline to a direct report under Bureau Chief for Child Welfare.</p> <p>E) Central Office will work with any Area Office not meeting goal as reported. Central Office Liaison teams assigned to all 14 area offices. The teams include: Positive Outcomes for Children leads Quality Improvement Division Liaison, Training Academy Liaison, and LINK staff. Together with the Quality Improvement Program Supervisor and Area Director, the Central Office Liaison team assists in conducting case reviews, conducting learning forums and presentations and informing the area office of outcome measure data results.</p>	<p>ROM is currently up for testing with 17 total reports, 10 Exit outcome related and 7 reports meeting the Exit Planning Data reporting criteria. As of 1/06, ROM training is offered to all staff as a Training Academy in-service. Since 9/05, 33 ROM trainings (3 hrs each) have been conducted. ROM trainings are offered as follows: Phase I (SW/PS oriented sessions), Phase II (SW oriented session) and Phase III (practical application of ROM principles).</p> <p>Fully completed.</p> <p>OFAS to implement any policy/protocol revisions.</p> <p>Completed</p> <p>Instituted 7/04 and ongoing.</p>

Outcome Measure/ Performance Standard	Quarter 3 2005 Performance	Method of Measurement	Key Action Steps	Status
7. Reunification: to reduce the length of time children are in care, minimize trauma from separation, allow opportunities for children to maintain connectedness to family and community, help parents safeguard their homes, and recognize the importance of expediting permanency planning. 60% of children who are reunified with parents/guardians shall be reunified within 12 months of their most recent removal from home.	2005 4Q – 60.4%	ROM report with supplemental case review.	<p>A) Area Office Quality Improvement Plans to reflect areas for improvement and progress and under PARS review meet and sustain outcome measure goal.</p> <p>B) Implement Multidisciplinary Assessment for Permanency (MAP) for each area office. Legal consult completed for all children in out of home care at 6 months (prior to the ACE). This brings together legal, medical, behavioral health, and cps staff to identify outstanding issues that need to be addressed before filing the permanency plan.</p> <p>C) Expansion of Supportive Housing Contract – Connection Inc. by \$2.1 million; increase capacity to serve 345 families in Hartford, Bridgeport, Danbury and Torrington areas. Establish priority access for family preservation/reunification referrals.</p> <p>D) Implementation of formalized supervisory conference- SWS to discuss viability of current permanency goal for all children in OOH care at 3 months.</p> <p>E) Develop ROM reports to strengthen the tracking of Federal ASFA timelines (reunification within 12 months of most recent placement) and the identification of family/child characteristics or gaps in services that become barriers to the successful achievement of this outcome measure.</p> <p>F) Develop new Intensive Reunification Services through RFP to offer an array of services to families along a continuum that promotes reunification/permanency for children using federal funds. Targeted for Waterbury, Manchester.</p> <p>G) Expand intensive in-home services, such as IICAPS and MST for those children with behavioral health issues in order to avoid re-entry into care through budget options. Second expansion submitted for additional expenses.</p> <p>H) Concurrent Planning Training will be offered to staff (targeting social workers with OOH cases) that focuses on enhancing skills. Curriculum secured through the NRC.</p> <p>I) Ensure Flex Funds policy and guidelines support reunification efforts and post-reunification needs by meeting emergency needs that if not addressed result in crisis and often re-entry into care.</p> <p>J) Central Office will work with any Area Office not meeting goal as reported. Central Office Liaison teams assigned to all 14 area offices. The teams include: Positive Outcomes for Children Leads, Quality Improvement Division Liaison, Training Academy Liaison, and LNK staff. Together with the Quality Improvement Program Supervisor and Area Director, the Central Office Liaison team assists in conducting case reviews, conducting learning forums and presentations and informing the area office of outcome measure data results.</p>	<p>Ongoing</p> <p>All area offices have integrated MAP into practice. QID/ACR divisions conducting ongoing evaluation to determine feasibility to broaden use of MAP.</p> <p>Completed. Connections (main contract) provides quarterly and yearly reports. DCF monitoring program and in 2005 demonstrated a 90% success rate.</p> <p>IS department has developed an ongoing exception report for use by the Area Offices. This is currently posted on the DCF intranet site.</p> <p>ROM is currently up for testing with 17 total reports, 10 Exit outcome related and 7 reports meeting the Exit Planning Data reporting criteria. As of 1/06, ROM training is offered to all staff as a Training Academy in-service. Since 9/05, 33 ROM trainings (3 hrs each) have been conducted. ROM trainings are offered as follows: Phase I (SWS/PS oriented sessions), Phase II (SW oriented session) and Phase III (practical application of ROM principles).</p> <p>Completed. Program up and running in Waterbury and Manchester pilot sites.</p> <p>For 2006, a new budget option for further program expansion is pending with the legislature.</p> <p>Concurrent planning training under revision following test training conducted with management staff. Trainer under contract. Target date for training: June 2006.</p> <p>Completed.</p> <p>Instituted 7/04 and ongoing.</p>

Outcome Measure/ Performance Standard	Quarter 3 2005 Performance	Method of Measurement	Key Action Steps	Status
			<p>K) Provide training and guidelines to social work staff regarding all possible "search" options (i.e. tools, websites, etc.) and implement the use of Locate Plus software when normal search efforts fail.</p> <p>L) Parent/Child Centers (PEAS) established to provide screening and assessments, targeted hand-on parenting education and family support services to parents, caregivers, family members, and children up to 8 years of age who are referred by the department.</p> <p>M) Development of a CT Behavioral Health Partnership between Department of Children and Families, Department of Social Services, Value Options and the Behavioral Health Oversight Council. The Administrative Services Organization (ASO) provides administrative assistance in clinical, utilization, and quality management as it takes the place of Medicaid Managed Care. It serves HUSKY A, B, and DCF involved children not eligible for Medicaid in accessing (fee for service) behavioral health services such as: inpatient and outpatient psychiatric, medication evaluation/management, substance abuse/detoxification, and psychological/neuropsychological testing. Data reporting will support the identification of gaps and best practices.</p>	<p>Complete. Utilization review for 2005 identified a need for an additional training which was completed 10/05. Utilization review to be conducted for 2006.</p> <p>Completed. PEAS programs assigned to area offices.</p> <p>Implemented 2/1/06. Currently authorizing residential and group home placements. Inpatient service authorizations will begin 4/1/06. In place are system managers (work with Area Offices on the service management), care specialists (provide service authorization), and peer specialists (family members and community advocates).</p>

Outcome Measure/ Performance Standard	Quarter 3 2005 Performance	Method of Measurement	Key Action Steps	Status
<p>8. Adoption: promotes and emphasizes permanency for children in out-of-home care, decreases trauma, and focuses DCF and courts in an effort to make adoptions more timely and successful.</p> <p>32% of the children who are adopted shall have their adoptions finalized within 24 months of most recent removal from home.</p>	<p>2005 4Q - 30.7%</p>	<p>LINK report (ROM supplemental report)</p>	<p>A) Implement Multidisciplinary Assessment for Permanency (MAP) for each area office. Legal consult completed for all children in out of home care at 6 months (prior to the ACR). This brings together legal, medical, behavioral health, and cps staff to identify outstanding issues that need to be addressed before filing the permanency plan.</p> <p>B) Continued reinforcement by permanency managers clarifying the "perceived wait period" for adoption finalization (staff was reporting that they had to "wait" 12 months after placement to finalize adoption--effort is aimed at clearing up confusion with the law).</p> <p>C) Decentralize the processing of finalizing adoptions. Each area office will be responsible for this function to streamline. Subsidy requests will continue to be processed through OFAS. Training and implementation completed.</p> <p>D) Secured budget option to create greater incentives for adoption - including support to adoptive parents, tuition for college and enhanced SW training.</p> <p>E) Concurrent Planning Training will be offered to staff (targeting social workers with OOH cases) that focuses on enhancing skills. Curriculum secured through the NRC.</p> <p>F) Allocation of \$500,000 for specific recruitment activities: Expand the support and development of recruitment initiatives to meet the special cultural and ethnic needs of our children that will provide stable and long-lasting permanency using in-house, private contract and faith-based networks.</p> <p>G) Data reports (i.e. LINK Reports, ROM tool and Chapin Hall) to track individual/unit performance, identify trends and target supervisory discussions for children in Out-of-Home care.</p> <p>H) Resource Family Development model to promote long-lasting support resources for children in out of home care. This program promises early identification of permanent resources and helps to reduce placement instability. Foster parents commit to serve as mentors and provide ongoing support and connection to birth families while providing permanent care to children. Initial pilots to be established in at least 2 area offices - 8/05. The Department has moved towards this model and imbedded the core values into materials and speaking points for recruitment efforts, marketing materials, and in the PRIDE curriculum (revised and being offered as of June 2005).</p> <p>I) Revise Permanency Planning policy to standardize the approval process for selecting appropriate families for available children and ensuring successful and timely identification of adoptive parents.</p>	<p>All area offices have integrated MAP into practice. QID/ACR divisions conducting ongoing evaluation to determine feasibility to broaden use of MAP.</p> <p>Ongoing. 3 memos distributed between 2004 and May 2005 clarifying perceived wait period reinforcement of parameters to be completed by area office management.</p> <p>Completed</p> <p>Implemented and ongoing.</p> <p>Concurrent planning training under revision following test training conducted with management staff. Trainer under contract. Target date for training: June 2006.</p> <p>Expanded Queen Esther model to 4 additional sites statewide. Employed NRC to engage DCF in planning effort involving Central Office and Area Office staff. Implementation underway.</p> <p>Additional LINK reports and contracts need to be finalized. ROM is currently up for testing with 17 total reports, 10 Exit outcome related and 7 reports meeting the Exit Planning Data reporting criteria. As of 1/06, ROM training is offered to all staff as a Training Academy in-service. Since 9/05, 33 ROM trainings (3 hrs each) have been conducted. ROM trainings are offered as follows: Phase I (SWS/SPS oriented sessions), Phase II (SW oriented session) and Phase III (practical application of ROM principles).</p> <p>Commissioner e-mail distributed to all staff 11/18/05 - describing the model.</p> <p>In final stages of review.</p>

Outcome Measure/ Performance Standard	Quarter 3 2005 Performance	Method of Measurement	Key Action Steps	Status
			<p>J) Development of a CT Behavioral Health Partnership between Department of Children and Families, Department of Social Services, Value Options and the Behavioral Health Oversight Council. The Administrative Services Organization (ASO) provides administrative assistance in clinical, utilization, and quality management as it takes the place of Medicaid Managed Care. It serves HUSKY A, B, and DCF involved children not eligible for Medicaid in accessing (fee for service) behavioral health services such as: Inpatient and outpatient psychiatric, medication evaluation/management, substance abuse/detoxification, and psychological/neuropsychological testing. Data reporting will support the identification of gaps and best practices.</p> <p>K) Collaborative with Casey Family Services to increase adoption-competent mental health practitioners in the community to increase support for adoptive families.</p> <p>L) DCF contracted with CAFAP to operate KID HERO line to allow for longer hours and quicker turn around for foster parent inquiries.</p>	<p>Implemented 2/1/06. Currently authorizing residential and group home placements. Inpatient service authorizations will begin 4/1/06. In place are system managers (work with Area Offices on the service management), care specialists (provide service authorization), and peer specialists (family members and community advocates).</p> <p>Completed. Post-adoption support services available through UCONN Health Center.</p> <p>Completed March 1, 2005.</p>

Outcome Measure/ Performance Standard	Quarter 3 2005 Performance	Method of Measurement	Key Action Steps	Status
<p>9. Transfer of Guardianship: promotes and emphasizes permanency for children in out-of-home care, decreases trauma, and allows children to maintain connection with family.</p> <p>70% of all children, whose custody is legally transferred, shall have the guardianship transferred within 24 months of the child's most recent removal from home.</p> <p>2005 4Q - 72.4%</p>			<p>A) Area Office Quality Improvement Plans to reflect areas for improvement and progress.</p> <p>B) Implement a Licensing Review Team for consideration of waivers for relative caregivers who have been denied licensure due to substantiated CPS history and/or criminal history.</p> <p>C) Revised subsidized guardianship policy (41-50-1 through 41-50-14) to reflect current practice and ASFA timeframes.</p> <p>D) Revise Permanency Planning Team policy (48-14-6 through 48-14-6.5) to reflect the approval process for subsidized guardianships.</p> <p>E) Concurrent Planning Training will be offered to staff (targeting social workers with OOH cases) that focuses on enhancing skills. Curriculum secured through the NRC.</p> <p>F) Legislation passed that shortened the timeframe for relative foster care eligibility into the subsidized guardianship program to a minimum of 6 months (from 12 months) in placement.</p> <p>G) Central Office will work with any Area Office not meeting goal as reported. Central Office Liaison teams assigned to all 14 area offices. The teams include: Positive Outcomes for Children Leads, Quality Improvement Division Liaison, Training Academy Liaison, and LINK staff. Together with the Quality Improvement Program Supervisor and Area Director, the Central Office Liaison team assists in conducting case reviews, conducting learning forums and presentations and informing the area office of outcome measure data results.</p> <p>H) Development of a CCF Behavioral Health Partnership between Department of Children and Families, Department of Social Services, Value Options and the Behavioral Health Oversight Council. The Administrative Services Organization (ASO) provides administrative assistance in clinical, utilization, and quality management as it takes the place of Medicaid Managed Care. It serves HUSKY A, B, and DCE involved children not eligible for Medicaid in accessing (fee for service) behavioral health services such as: inpatient and outpatient psychiatric, medication evaluation/management, substance abuse/detoxification, and psychological/neuropsychological testing. Data reporting will support the identification of gaps and best practices.</p> <p>I) Implement Multidisciplinary Assessment for Permanency (MAP) for each area office. Legal consult completed for all children in out of home care at 6 months (prior to the ACR). This brings together legal, medical, behavioral health, and ops staff to identify outstanding issues that need to be addressed before filing the permanency plan.</p>	<p>Ongoing</p> <p>Completed.</p> <p>Completed.</p> <p>Finalized and distributed policy.</p> <p>Concurrent planning training under revision following test training conducted with management staff. Trainer under contract. Target date for training: June 2006.</p> <p>Completed</p> <p>Instituted 7/04 and ongoing.</p> <p>Implemented 2/1/06. Currently authorizing residential and group home placements. Inpatient service authorizations will begin 4/1/06. In place are system managers (work with Area Offices on the service management), care specialists (provide service authorization), and peer specialists (family members and community advocates).</p> <p>All area offices have integrated MAP into practice. QID/ACR divisions conducting ongoing evaluation to determine feasibility to broaden use of MAP.</p>

Outcome Measure/ Performance Standard	Quarter 3 2005 Performance	Method of Measurement	Key Action Steps	Status
<p>10. Sibling Placement: maintains life's longest lasting relationship, increases family connections, and decreases trauma.</p> <p>95% of siblings entering out of home placement shall be placed together unless there are documented reasons for separate placements.</p>	<p>2005 4Q - 94%</p> <p>Data reflects 2005 Qtr 2 due to 6 months lag</p>	<p>LINK report (ROM supplemental report)</p>	A) Expand the support and development of recruitment initiatives to meet the special cultural and ethnic needs of our sibling groups that will provide permanency using in-house, private contract and faith-based networks. Enhance contract support for specialized foster care recruitment.	Ongoing
			B) Informed staff to use the definition and intent of outcome #10, what is used to define "sibling," and what is an acceptable therapeutic reason to not place siblings together.	Completed
			C) Utilization of Flex Funds policy and guidelines support sibling placement efforts by meeting emergency needs.	Ongoing
			D) Locate Plus to help locate non-custodial parents and relatives in order to improve opportunity for resources and achieve permanency.	Complete. Utilization review for 2005 identified a need for an additional training which was completed 10/05. Utilization review to be conducted for 2006.
			E) Central Office will work with any Area Office not meeting goal as reported. Central Office Liaison teams assigned to all 14 area offices. The teams include: Positive Outcomes for Children leads, Quality Improvement Division liaison, Training Academy liaison, and LINK staff. Together with the Quality Improvement Program Supervisor and Area Director, the Central Office Liaison team assists in conducting case reviews, conducting learning forums and presentations and informing the area office of outcome measure data results.	Instituted 7/04 and ongoing.
			F) Develop a Sibling Visitation Project to support monthly visits for separated, sibling groups in out of home care.	Recommendations under review with the Bureau of Child Welfare.

Outcome Measure/ Performance Standard	Quarter 3 2005 Performance	Method of Measurement	Key Action Steps	Status
11. Re-Entry into DCF Custody: to reduce incidents of maltreatment and the number of children in out of home care, and maintain and provide services to children in order for them to remain with their families and in their communities. Of all children who enter DCF custody, seven (7) % or fewer shall have re-entered care within 12 months of the prior out of home placements.	2005 4Q - 7.6%	ROM report with supplemental case review.	<p>A) Develop various data analysis tools such as ROM and Chapin Hall to support evidence-based practice and strengthen the method in which social work supervisors and program supervisors direct and assess case decision making and need for services.</p> <p>B) Operational plans for the use of transition plans at case closing to help maintain supports and reduce likelihood of re-entry into care.</p> <p>C) Developed new Intensive Reunification Services through RFP that offers an array of services to families along a continuum that promotes reunification/permanency for children using federal funds. 2 Pilots in Manchester and Waterbury. Contract Awarded.</p> <p>D) Expand intensive in-home services such as IICAPS and MST for those children with behavioral health issues in order to avoid re-entry into care through budget options.</p> <p>E) Central Office will work with any Area Office not meeting goal as reported. Central Office leads: Quality Improvement/Division liaison, Training Academy liaison, and LINK staff. Together with the Quality Improvement Program Supervisor and Area Director, the Central Office Liaison team assists in conducting case reviews, conducting learning forums and presentations and informing the area office of outcome measure data results.</p> <p>F) An RFP was distributed and applications received for Parent/ Child Centers which will provide screening and assessments, targeted hands-on parenting education and family support services to parents, caregivers, family members, and children up to 8 years of age who are referred by the department.</p> <p>G) Development of a CT Behavioral Health Partnership between Department of Children and Families, Department of Social Services, Value Options and the Behavioral Health Oversight Council. The Administrative Services Organization (ASO) provides administrative assistance in clinical, utilization, and quality management as it takes the place of Medicaid Managed Care. It serves HUSKY A, B, and DCF involved children not eligible for Medicaid in accessing (fee for service) behavioral health services such as: inpatient and outpatient psychiatric, medication evaluation/management, substance abuse/detoxification, and psychological/neuropsychological testing. Data reporting will support the identification of gaps and best practices.</p> <p>H) Utilize Flex Funds to support reunification by meeting emergency needs to prevent crisis and/or re-entry.</p> <p>I) Expansion of Supportive Housing Contract - Connection Inc. by \$2.1 million; increase capacity to serve 345 families in Hartford, Bridgeport, Danbury and Torrington areas. Establish priority access for family preservation/reunification referrals.</p>	<p>ROM is currently up for testing with 17 total reports, 10 Exit outcome related and 7 reports meeting the Exit Planning Data reporting criteria. As of 1/06, ROM training is offered to all staff as a Training Academy in-service. Since 9/05, 33 ROM trainings (3 hrs each) have been conducted. ROM trainings are offered as follows: Phase I (SWS/PS oriented sessions), Phase II (SW oriented session) and Phase III (practical application of ROM principles).</p> <p>Hartford Pilot project proposal developed and reviewed. Awaiting finalizations. RFP and implementation June 2006.</p> <p>Completed. Program up and running in Waterbury and Manchester pilot sites.</p> <p>For 2006, a new budget option for further program expansion is pending with the legislature.</p> <p>Instituted 7/04 and ongoing.</p> <p>Completed. PEAS programs assigned to 10 area offices.</p> <p>Implemented 2/1/06. Currently authorizing residential and group home placements. Inpatient service authorizations will begin 4/1/06. In place are system managers (work with Area Offices on the service management), care specialists (provide service authorization), and peer specialists (family members and community advocates).</p> <p>Ongoing.</p> <p>Completed. Connections (main contract) provides quarterly and yearly reports. DCF monitoring program and in 2005 demonstrated a 90% success rate.</p>

Outcome Measure/ Performance Standard	Quarter 3 2005 Performance	Method of Measurement	Key Action Steps	Status
<p>12. Multiple Placements: to promote stability and the reduction of incidence of trauma, to assure consistent services to children and further the goal of permanency.</p> <p>At least 85% of the children in DCF custody shall not experience more than 3 placements during a 12-month period.</p>	<p>2005 4Q - 96%</p>	<p>LINK report (ROM supplemental report)</p>	A) Allocation of \$500,000 for specific recruitment activities: Expand the support and development of recruitment initiatives to meet the special cultural and ethnic needs of our children that will provide stable and long-lasting permanency using in-house, private contract and faith-based networks.	Expanded Queen Esther model to 4 additional sites statewide. Employed NRC to engage DCF in planning effort involving Central Office and Area Office staff. Implementation underway.
			B) Collect Data on shelter placements to better manage an emerging pattern of multiple shelter placements.	Ongoing
			C) Revise disruption conference policy (36-55-20) to utilize the Area Resource Groups at various stages in the life of the case.	Under review.
			D) Central Office will work with any Area Office not meeting goal as reported. Central Office Liaison teams assigned to all 14 area offices. The teams include: Positive Outcomes for Children leads, Quality Improvement Division liaison, Training Academy liaison, and LINK staff. Together with the Quality Improvement Program Supervisor and Area Director, the Central Office Liaison team assists in conducting case reviews, conducting learning forums and presentations and informing the area office of outcome measure data results.	Instituted 7/04 and ongoing.
			E) Central Placement Team (CPT) enhancements to better manage available beds, improved placement determinations, not just based on level of care but on programming needs and to implement a no unilateral eject/reject policy for residential facilities and group homes is being instituted along with that reorganization to ensure placements.	Ongoing
			F) Resource Family Development model to promote long-lasting support resources for children in out-of-home care. This program promotes early identification of permanent resources and helps to reduce placement instability. Foster parents commit to serve as mentors and provide ongoing support and connection to birth families while providing permanent care to children. Initial pilots to be established in at least 2 area offices - 8/05. The Department has moved towards this model and imbedded the core values into materials and speaking points for recruitment efforts, marketing materials, and in the PRIDE curriculum (revised and being offered as of June 2005).	Commissioner e-mail distributed to all staff 11/8/05 - describing the model.
			G) Development of a CT Behavioral Health Partnership between Department of Children and Families, Department of Social Services, Value Options and the Behavioral Health Oversight Council. The Administrative Services Organization (ASO) provides administrative assistance in clinical, utilization, and quality management as it takes the place of Medicaid Managed Care. It serves HUSKY A, B, and DCF involved children not eligible for Medicaid in accessing (fee for service) behavioral health services such as: inpatient and outpatient psychiatric, medication evaluation/management, substance abuse/detoxification, and psychological/neuropsychological testing. Data reporting will support the identification of gaps and best practices.	Implemented 2/1/06. Currently authorizing residential and group home placements. Inpatient service authorizations will begin 4/1/06. In place are system managers (work with Area Offices on the service management), care specialists (provide service authorization), and peer specialists (family members and community advocates).

Outcome Measure/ Performance Standard	Quarter 3 2005 Performance	Method of Measurement	Key Action Steps	Status
13. Foster Parent Training: to increase the capacity of foster families to meet the needs of our children and to assure a sense of partnership and support. Foster parents shall be offered 45 hours post licensing training within 18 months of initial licensure and at least 9 hours each subsequent year. Does not apply to relative, special study or independently licensed foster parents- they require 8 hours pre-service.	2005 4Q - 100%	CAFAP Report	<p>A) Convened foster parent advisory group to evaluate pre and post licensing training. To be convened by POC lead twice a year to evaluate quarterly planning efforts by CAFAP.</p> <p>B) Develop alternative methods for training (i.e. online), increase training for Spanish-speaking providers, use seminars or conferences in the community such as Board of Education, hospitals, & partner agencies. Sponsored events.</p> <p>C) Developed training modifications based on CAFAP report and findings. In service was held on 2/21/05 for nine new trainees in areas where curriculum is needed for further development.</p> <p>D) CAFAP will submit training certification data to Assistant Bureau Chief of Child Welfare for enhanced tracking of post-licensing training. This will ensure licensing completion.</p> <p>E) DCF to develop other training avenue through the Training Academy and other sponsored training. CAFAP to promote through their areas of communication.</p>	<p>Ongoing</p> <p>Ongoing. Current emphasis on improving communication materials and classes for Spanish speaking providers. CAFAP in process of translating flyers in Spanish.</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing. DCF training academy catalog classes now open to foster parent participation.</p>
14. Placement within Licensed Capacity: to reduce the level of stress that can result in disruption and maltreatment, to maintain stability of placement and reduce trauma, and to focus DCF in its effort to recruit foster families. At least 96% of children placed in foster homes shall operate within their licensed capacity, except when necessary to accommodate siblings.	2005 4Q - 96.2%	LINK report (ROM supplemental report)	<p>A) Use family conferencing model to assist in the identification of appropriate relative resources early on in the life of the case.</p> <p>B) Allocation of \$500,000 for specific recruitment activities: Expand the support and development of recruitment initiatives to meet the special cultural and ethnic needs of our children that will provide stable and long-lasting permanency using in-house, private contract and faith-based networks.</p> <p>C) When there is a need to approve overcapacity placement the Department shall document the need and develop a support plan in LINK narrative for the home to assure stability.</p> <p>D) Central Office will work with any Area Office not meeting goal as reported. Central Office Liaison teams assigned to all 14 area offices. The teams include: Positive Outcomes for Children Leads, Quality Improvement Division Liaison, Training Academy liaison, and LINK staff. Together with the Quality Improvement Program Supervisor and Area Director, the Central Office Liaison team assists in conducting case reviews, conducting learning forums and presentations and informing the area office of outcome measure data results.</p> <p>E) Provide training and guidelines to social work staff regarding all possible "search" options (i.e. tools, websites, etc.) and implement the use of Locate Plus software when normal search efforts fail.</p> <p>F) Resource Family Development model to promote long-lasting support resources for children in out of home care. This program promises early identification of permanent resources and helps to reduce placement instability. Foster parents commit to serve as mentors and provide ongoing support and connection to birth families while providing permanent care to children. Initial pilots to be established in at least 2 area offices - 8/05. The Department has moved towards this model and embedded the core values into materials and speaking points for recruitment efforts, marketing materials, and in the PRIDE curriculum (revised and being offered as of June 2005).</p>	<p>Ongoing</p> <p>Expanded Queen Esther model to 4 additional sites statewide. Employed NRC to engage DCF in planning effort involving Central Office and Area Office staff. Implementation underway.</p> <p>Completed.</p> <p>Instituted 7/04 and ongoing.</p> <p>Complete. Utilization review for 2005 identified a need for an additional training which was completed 10/05. Utilization review to be conducted for 2006.</p> <p>Commissioner e-mail distributed to all staff 11/8/05 - describing the model.</p>

Outcome Measure/ Performance Standard	Quarter 3 2005 Performance	Method of Measurement	Key Action Steps	Status
<p>15. Needs Met: to prioritize service needs, identify service gaps, eliminate service redundancy, and facilitate access in order to assure a family's physical and emotional well-being and ultimately build their capacity as a family.</p> <p>At least 80% of families' and children's medical, dental, mental health and other service needs as specified in the treatment plan must be documented in LINK.</p>	<p>2005 4Q - n/a</p>	<p>Qualitative case reviews will be used to measure this outcome for all Quarter reports. No LINK reports available.</p>	<p>A) Development of an enhanced assessment model. Structured Decision-Making (SDM) selected as an agency-wide model.</p>	<p>Several workgroups currently establishing practice parameters with a Steering Committee reviewing and finalizing recommendations.</p>
			<p>B) The Managed Service System develops a process for review and coordination of discharge plans for all children in residential care and to identify all community resources in support of children to remain in their communities.</p>	<p>Ongoing in all area offices.</p>
			<p>C) Budget option approved to expand Intensive In-Home to offer an array of services to families along a continuum that promotes reunification/permanency for children and expand intensive in-home services such as, IICAPS and MST for those children with behavioral health issues in order to avoid re-entry into care.</p>	<p>For 2006, a new budget option for further program expansion is pending with the legislature</p>
			<p>D) Central Office will work with any Area Office not meeting goal as reported. Central Office Liaison teams assigned to all 14 area offices. The teams include: Positive Outcomes for Children leads, Quality Improvement Division liaison, Training Academy liaison, and LINK staff. Together with the Quality Improvement Program Supervisor and Area Director, the Central Office Liaison team assists in conducting case reviews, conducting learning forums and presentations and informing the area office of outcome measure data results.</p>	<p>Instituted 7/04 and ongoing</p>
			<p>E) Pursuant to federal law, DCF has established a referral protocol for all children under the age of 3 involved in a substantiated CPS case to Birth to Three for evaluation.</p>	<p>Completed</p>
			<p>F) Bi-monthly meetings with the MHPDs of AXG to involve, when appropriate, updates about new, expanded and available health care services to improve awareness and expedite access. Area offices have broadened the consultation capacity of the Area Resource Group to assist in the development of a treatment plan for complex cases requiring significant supports (i.e. Parents with Cognitive Limitations, Medically Complex cases, etc.)</p>	<p>Complete hiring of psychologists</p>
			<p>G) Expand new diagnostic facilities by 5-14 to eliminate wait-lists and transportation barriers for children.</p>	<p>All up and running</p>
			<p>H) Development of a CT Behavioral Health Partnership between Department of Children and Families, Department of Social Services, Value Options and the Behavioral Health Oversight Council. The Administrative Services Organization (ASO) provides administrative assistance in clinical, utilization, and quality management as it takes the place of Medicaid Managed Care. It serves HUSKY A, B, and DCF involved children not eligible for Medicaid in accessing (fee for service) behavioral health services such as: inpatient and outpatient psychiatric, medication evaluation/management, substance abuse/detoxification, and psychological/neuropsychological testing. Data reporting will support the identification of gaps and best practices.</p>	<p>Implemented 2/1/06. Currently authorizing residential and group home placements. Inpatient service authorizations will begin 4/1/06. In place are system managers (work with Area Offices on the service management), care specialists (provide service authorization), and peer specialists (family members and community advocates).</p>
			<p>I) Parent/ Child Centers (PEAS) established to provide screening and assessments, targeted hand-on parenting education and family support services to parents, caregivers, family members, and children up to 8 years of age who are referred by the department.</p>	<p>Completed. PEAS assigned to all area offices.</p>
			<p>J) Implement a no unilateral eject/reject policy for residential facilities and group homes</p>	<p>Completed.</p>
			<p>K) Central Placement Team (CPT) enhancements to better manage available beds, improved placement determinations, not just based on level of care but on programming needs and to implement a no unilateral eject/reject policy for residential facilities and group homes is being instituted along with that reorganization to ensure placements.</p>	<p>Ongoing</p>

Outcome Measure/ Performance Standard	Quarter 3 2005 Performance	Method of Measurement	Key Action Steps	Status
16, 17. Worker-Child Visitation- Out of Home/Worker-Child Visitation- In Home: to establish an ongoing means to assess family status, including safety issues, and monitoring progress towards treatment plan goals. # 16: DCF shall visit at least 85% of children in out of home care at least once a month except for probate, interstate and voluntary. #17: DCF shall visit at least 85% of all in-home family cases at least twice a month, except for probate, interstate or voluntary cases.	2005 4Q #16: Monthly: 85.6% Quarterly: 91.9% #17: Quarterly: 85.6%	LINK report (ROM supplemental report)	<p>A) Agreement reached with Court Monitor to allow for private agency SW's visits to count and for information concerning these visits to be documented in LINK. Clarify DCF representation and include visits made by FASU (Out-of-Home). Per Monitor Agreement, define the role of the ICPC and other "DCF representatives" in achieving visitation requirements.</p> <p>B) Assignment of 5 positions to be posted to out-of-state residential facilities as the responsible party for visiting all the DCF youth in the assigned residential facilities. Role announced in March newsletter to staff.</p> <p>C) To assure greater success for social workers in meeting the visitation requirements, achievement of caseload standards occurred August 15, 2004 and the receipt of 100 new state vehicles was acquired by November 1, 2004.</p> <p>D) Re-establish the use of face-to-face contact narratives via a LINK build in December. "Attempted face to face no contact" via LINK build - April 2005.</p> <p>E) Area Office Quality Improvement Plans to reflect areas for improvement and progress and incorporated into PARS reviews to ensure performance.</p> <p>F) Central Office will work with any Area Office not meeting goal as reported. Central Office Liaison teams assigned to all 14 area offices. The teams include: Positive Outcomes for Children Leads, Quality Improvement Division Liaison, Training Academy Liaison, and LINK staff. Together with the Quality Improvement Program Supervisor and Area Director, the Central Office Liaison team assists in conducting case reviews, conducting learning forums and presentations and informing the area office of outcome measure data results.</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed.</p> <p>Ongoing</p> <p>Instituted 7/04 and ongoing.</p>
18. Caseload Standards: to increase the quality of our interventions and supports to children and their families. Current standards remain - 100%.	2005 4Q - 100%	LINK report (ROM supplemental report)	<p>A) Continuous tracking and quality improvement process utilizing data reports on caseload standards (AO/CO).</p> <p>B) Converted the existing durational social work positions into 23 permanent social work positions. Remaining 15 will stay as durational and filled by department as needed.</p> <p>C) Monitor social worker staffing levels through Human Resources, maintain a candidate pool and streamline hiring process for these positions.</p>	<p>Ongoing</p> <p>Tied to current services proposal for 06/07</p> <p>Reports on vacancies and offers are ongoing. Live Scan for quicker background checks in operation, and changes were made to application to allow for background checks to begin prior to hiring.</p>

Outcome Measure/ Performance Standard	Quarter 3 2005 Performance	Method of Measurement	Key Action Steps	Status
<p>20. Discharge Measures: to ensure life skills and work/educational credentials before transitioning out of DCF so that they may have success as independent members of their communities.</p> <p>For 85% of adolescents. Must be documented in LINK. Re; Diplomas, college, GED, employment, or military.</p>	<p>2005 4Q - 92%</p>	<p>Case Review</p>	A) Develop alternative approaches aimed at doing outreach in the community (e.g. employers, support services, mentors, special training for foster/adoptive parents). Collaborate with the Department of Labor on youth employment opportunities under WIA to support young adults in their lifelong interests.	Establish pilot with CT. Voices for Children in Hartford (40 slots) and Bridgeport (35 slots) (CT. Expansion to New Haven proposal (50 slots.)
			B) Repositioned Adolescent Services within Department to bring greater focus to the needs of this target population and will enhance services and program support for independent living.	Completed
			C) Work with Adolescent Units to resurrect adolescent advisory boards utilizing a regional format.	Ongoing
			D) Implement pilot program at High Meadows with an emphasis on job coaching and job training to help with transition.	Implemented December 1, 2005 with 8 youth participating.
			E) TLAP Expansion - budget doubled from 3 to 6 the number of TLAP programs.	RFP being developed
			F) Develop system to identify Adolescents (18+ years) that are in ILP/CHAPS program for reporting purposes.	Ongoing
<p>21. Discharge of Mentally Ill or Retarded Children: to ensure the continuity of services for those transitioning out of DCF, to increase their ability to live with or near their families, and to have success in life.</p> <p>100% of referrals need to be made to DMHAS and DMR.</p>	<p>2005 4Q - 70%</p>	<p>Case Review</p>	A) Provide clarification for Interagency Coordination Policy (42-20-35) and referral of children under the age of 16 to social work staff.	In final stages of review.
			B) Distribute DMR and DMHAS policies, eligibility criteria, and referral process to all area office staff and provide with a regional contact from each agency for each of our area offices.	Ongoing. Developed an ongoing early identification process for youth at age 15 which is tracked through Central Office database.
			C) Developed new methodology to collect information for Outcome Measure 21. The new process is based on the need for timely identification of youth with either major mental illnesses or developmental disabilities, who need to be referred to either DMHAS or DMR for ongoing services at the time of transition from DCF. This methodology includes a protocol for: <ul style="list-style-type: none"> Use of standardized Department-wide clinical criteria to determine if referrals are needed and The timely completion of referrals prior to age-out and/or transition, to assure adequate time for transition activities from the child to the adult agency. 	Ongoing
			D) Central Office will work with any Area Office not meeting goal as reported. Central Office leads, Quality Improvement Division liaison, Training Academy liaison, and LINK staff. Together with the Quality Improvement Program Supervisor and Area Director, the Central Office Liaison team assists in conducting case reviews, conducting learning forums and presentations and informing the area office of outcome measure data results.	Instituted 7/04 and ongoing.
			E) Reallocated funds to DMR to develop programs for voluntary services clients with MR.	Completed. In process of transfer - final transfer anticipated for 4/1/06.